

PLEASE PRINT OR TYPE — Blue or Black Ink Only — (Form designed for use on Elite (12 pitch) typewriter) Use spacebar between each character

FILE COPY

WAD000812917

CHEMICAL PROCESSORS INC- PIER 91
ATTN: PETER K RESSLER
2203 AIRPORT WY S- SUITE 400
SEATTLE WA 98134

You must complete Sections 1 through 4
in addition to placing the label here.
Do not cross out incorrect information.

FOR ECOLOGY USE ONLY

DATE RECEIVED

Init. _____ Date _____
Init. _____ Date _____

Revision ☐ Pages _____
Init. _____ Date _____

Verified _____ Date _____
Batch No. _____

☐ A ☐ B ☐ C

FOR ECOLOGY USE ONLY

SEND TO:

DEPT. OF ECOLOGY
Hazardous Waste Section
Attn: Annual Reports
R/6 Bldg. 4
Mail Stop PV-11
Olympia, WA 98504-8711
Assistance 1-800-874-2022
(206) 459-6387

DUE DATE:

Postmarked
No Later Than

MARCH 1, 1990



1.	EPA/STATE HAZARDOUS WASTE SITE IDENTIFICATION NUMBER	WAD000812917
2.	COMPANY NAME	CHEMICAL PROCESSORS INC
3.	SITE CONTACT PERSON, AND TITLE	LAST: DONAHUE FIRST: SUSAN TITLE: COMPLIANCE MANAGER
	PHONE NUMBER	206-223-0500 ext. 594
4.	COMPANY MAILING ADDRESS	2203 AIRPORT WAY SOUTH SUITE 400 SEATTLE CITY WA 98134
5.	SITE LOCATION ADDRESS	PIER 91 2001 GARFIELD STREET SEATTLE CITY WA 98119
6.	SITE LOCATION COUNTY	KING
7.	WASHINGTON DEPT. OF REVENUE REGISTRATION (UBI) NUMBER	600-019-753
8.	STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES	PRIMARY: 4953 SECONDARY: OTHER:
9.	SITE EMPLOYMENT ON DECEMBER 31, 1989	10

USEPA RCRA
3012896

10.	REGULATORY STATUS CERTIFICATION—Refer to the instructions and the "Guide For Hazardous Waste Generators" (1988 or First Edition) to complete this section. Mark only one entry by placing your initials in the space provided. If none of these conditions apply to you, skip this section and complete the continuation sheet(s).	A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/> E. <input type="checkbox"/> lbs. F. <input type="checkbox"/>
11.	CERTIFICATION—I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	

Nathan E. Matthews PRINT OR TYPE NAME Nathan E. Matthews SIGNATURE (must be in ink) 02-27-90 DATE SIGNED

[illegible]